

Form 990 Return of Organization Exempt From Income Tax

OMB No. 1545-0047 **2021**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
 Do not enter social security numbers on this form as it may be made public.
 Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury Internal Revenue Service

A For the 2021 calendar year, or tax year beginning 2021, and ending 2021

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization: **FAYETTE HUNTS INC**
 Doing business as:
 Number and street (or P.O. box if not delivered to street address) and suite, apt., or unit no.:
508 CAPE FEAR AVENUE
 City or town, state or province, county, and ZIP or foreign postal code:
Fayetteville, NC 28303

D Employer identification number: **27-1576476**
E Telephone number: **910-237-9951**
F Gross receipts: **1,78,431**

G Name and address of principal officer: **KENNETH BARNARD**
508 CAPE FEAR AVENUE Fayetteville, NC 28303
 HMI: Is the organization tax-exempt? Yes No
 HMI: Are all subsidiaries included? Yes No
 If "No," which 4-6: See instructions
 HMI: Group exemption number:

H Tax-exempt status: 501(c)(3) 501(c)(29) 501(c)(28) 501(c)(27) 501(c)(26) 501(c)(25) 501(c)(24) 501(c)(23) 501(c)(22) 501(c)(21) 501(c)(20) 501(c)(19) 501(c)(18) 501(c)(17) 501(c)(16) 501(c)(15) 501(c)(14) 501(c)(13) 501(c)(12) 501(c)(11) 501(c)(10) 501(c)(9) 501(c)(8) 501(c)(7) 501(c)(6) 501(c)(5) 501(c)(4) 501(c)(3) 501(c)(2) 501(c)(1)

I Website: **www.fayettehunts.org**

J Form of organization: Corporation Trust Association Other
 Year of formation: **2010** State of legal domicile: **NC**

Part I Summary

1 Briefly describe the organization's mission or most significant activities: **TO PROVIDE OUTDOOR EXPERIENCES FOR WOUNDED WARRIORS**

2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets.

3 Number of voting members of the governing body (Part VII, line 14): **3**

4 Number of independent voting members of the governing body (Part VII, line 14): **0**

5 Total number of individuals employed in calendar year 2021 (Part V, line 2a): **8**

6 Total number of volunteers (estimate if necessary): **6**

7a Total unrelated business revenue from Part VII, column (C), line 12: **0**

7b Net unrelated business taxable income from Form 990-T, Part I, line 25: **0**

	Prior Year	Current Year
8 Contributions and grants (Part VII, line 11):	220,623	178,431
9 Program service revenue (Part VII, line 2g):		0
10 Investment income (Part VII, column (A), lines 3, 4, and 7d):		0
11 Other revenue (Part VII, column (A), lines 5, 6d, 6c, 3c, 10c, and 11c):		0
12 Total revenue - add lines 8 through 11 (must equal Part VII, column (A), line 12):	220,623	178,431
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3):		0
14 Benefits paid to or for members (Part IX, column (A), line 4):		0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10):		0
16a Professional fundraising fees (Part IX, column (D), line 11a):		0
b Total fundraising expenses (Part IX, column (D), line 25):	0	0
17 Other expenses (Part IX, column (A), lines 11a-11e, 11f-24e):	229,973	179,639
18 Total expenses. Add lines 13, 14, 15, 16, and 17 (must equal Part IX, column (A), line 25):	229,973	179,639
19 Revenue less expenses. Subtract line 18 from line 12:	(9,350)	(1,208)
20 Total assets (Part X, line 15):	193,040	191,832
21 Total liabilities (Part X, line 20):		0
22 Net assets or fund balances. Subtract line 21 from line 20:	193,040	191,832

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here **KENNETH BARNARD** Signature (Printed) _____ Date _____
KENNETH BARNARD, President Type or print name and title

Paid Preparer Use Only
 Preparer's name: **GLENN MURPHY** Preparer's signature: _____ Date: **3-1-2022** Check if PTH self-employed: **XXXXXXXXXX**
 Firm's name: **Glenn Murphy & Company** Firm's address: **1234 Fort Bragg Road Fayetteville, NC 28305** Firm's phone number: **910-485-6171**

May the IRS discuss this return with the preparer shown above? See instructions. Yes No
 For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2021)